



REQUEST FOR BOAT LAUNCH ANNUAL PASS REFUND

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Message Number: _____

Date Voucher Purchased: _____

Date Voucher Expires: _____

Please explain reason for refund request: (Type or print legibly)

REMIT THIS FORM WITH THE ORIGINAL COPY OF YOUR VOUCHER AND PAYMENT RECEIPT TO:

**City of Hayden
8930 N Government Way
Hayden, ID 83835
(208) 209-2014**

For Official Use Only

Refund Approved
 Refund Denied

Amount of Refund \$ _____

City Administrator Date

Note: Based on circumstances of request, refund **may not** be a full refund.

The City of Hayden provides services to its citizens without regard to race, religion, color, sex, age, national origin or disability.